IAIABC ELECTRONIC PARTNERING CLAIM ADMINISTRATOR
ADDRESS LIST
INSTRUCTIONS

Purpose:

The IAIABC ELECTRONIC PARTNERING CLAIM ADMINISTRATOR ADDRESS LIST is intended to document either the physical address, mailing address or both addresses that correspond to the Claim Administrator recorded on the claim.

The LIST is in an Excel format. This Excel format was created to allow the conversion from Excel to a flat file format for extracting from a Claim Administrators database and also for the Jurisdiction to be able to convert to a flat file format and load into their database. The document is formatted for printing with both Columns A & B printing on the second page so they only need completion once.

Completion of the form by Jurisdiction

To: (*Jurisdiction Name and Workers' Compensation Agency Name*)

The Jurisdiction has the option of receiving either the physical or mailing address information via Claims EDI transactions, but must specify the type of address on the heading row of the form.

Claim Administrator Address Type:
 Physical _____ Mailing _____

Alternate Postal Code Address Type:
 Physical _____Mailing _____

Since Jurisdictions may not require any, some either physical or mailing and some both, the Jurisdiction must designate which under:

Complete Table with:
  Alternate Postal Code Address _____
  Claim Administrator Address _____
  Address Not Required on this Form _____

The Jurisdiction should delete any unwanted columns on the form.

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Completion of the LIST by Claim Administrator

Since this form will accompany other trading partner documents completed by the data sender, this portion should match what is entered on the other forms as sort of a "key" to tie the forms together.

From: (*Trading Partner*) Legal Name (no abbreviations)
Sender FEIN:
Sender Postal Code:

Jurisdiction requirements may vary. Information provided may be used to validate transaction data. The Alternate Postal Code entered on the form must match the zip code populated on DN0200 field in the FROI/SROI record layout.

Formatting of the Data:
Since the Alternate Address information is not IAIABC data elements, it is suggested that the same format be followed that coincides with those elements that are.

Please see table below for specific formatting to be used:

Columns:
Complete each column for every Claim Administrator both FEIN & Name.

Transaction Address	Alternate Address	Format
Claim Administrator FEIN	*Claim Administrator FEIN*	9 A/N
Claim Administrator Name	*Claim Administrator Name*	40 A/N
Claim Administrator Representative Name (DN0140)	*	40 A/N
Claim Administrator Representative Business Phone Number (DN0137)	*	15 A/N
Claim Administrator Primary Address (DN0010)	Alternate Primary Address	40 A/N
Claim Administrator Secondary Address (DN0011)	Alternate Secondary Address	40 A/N
Claim Administrator City (DN0012)	Alternate City	15 A/N
CA State Code (DN0013)	Alternate State Code	2 A/N
CA Postal Code (DN0014)	Alternate Postal Code (DN0200)	9 A/N

*. When directed by the jurisdiction, include Claim Administrator Representative Name (DN0140) and Claim Administrator Representative Business Phone Number (DN0137) for each location listed on the form. The name and phone number should be a contact person at that location that could answer questions or could direct the jurisdiction to the appropriate adjustor for the claim.

To:

Claim Administrator Address Type:
Mailing _____ Physical _____

Alternate Postal Code Address Type:
Mailing _____ Physical _____

Jurisdiction requirements may vary.
Complete Table with all addresses that
apply to the following requirements:
  Alternate Postal Code Address _____
  Claim Administrator Address _____
  Address Not Required on this Form _____

From:
Sender FEIN:
Sender Postal Code:

Claim Administrator (Claim Admin)					
Claim Administrator FEIN (DN0187) 9 A/N	Claim Administrator Name (DN0188) 40 A/N	Claim Administrator Claim Office Contact Name * 40 A/N	Claim Administrator Claim Office Contact Business Phone Number * 15 A/N	Claim Administrator Claim Office Contact E-mail Address * 80 A/N	Claim Administrator Information/Attention Line (DN0135) 50 A/N
	Note:				
	*There is no DN associated with these columns				

To:

Claim Administrator Address Type:
Mailing _____ Physical _____

Alternate Postal Code Address Type:
Mailing _____ Physical _____

Jurisdiction requirements may vary.
Complete Table with all addresses that
apply to the following requirements:
  Alternate Postal Code Address _____
  Claim Administrator Address _____
  Address Not Required on this Form ___

From:
Sender FEIN:
Sender Postal Code:

Claim Administrator (Claim Admin)		Alternate Postal Code Address				
Claim Administrator FEIN (DN0187) 9 A/N	Claim Administrator Name (DN0188) 40 A/N	Alternate Primary Address * 40 A/N	Alternate Secondary Address * 40 A/N	Alternate City * 15 A/N	Alternate State Code * 2 A/N	Alternate Postal Code (DN0200) 9 A/N

To:

Claim Administrator Address Type:
Mailing _____ Physical _____

Alternate Postal Code Address Type:
Mailing _____ Physical _____

Jurisdiction requirements may vary.
Complete Table with all addresses that
apply to the following requirements:
  Alternate Postal Code Address _____
  Claim Administrator Address _____
  Address Not Required on this Form ___

From:
Sender FEIN:
Sender Postal Code:

Claim Administrator (Claim Admin)		Claim Administrator Address				
Claim Administrator FEIN (DN0187) 9 A/N	Claim Administrator Name (DN0188) 40 A/N	Claim Admin Primary Address (DN0010) 40 A/N	Claim Admin Secondary Address (DN0011) 40 A/N	Claim Admin City (DN0012) 15 A/N	CA State Code (DN0013) 2 A/N	CA Postal Code (DN0014) 9 A/N